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**PATENT  
IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In the **PATENT APPLICATION** of:

Rudolf et al

**Application No.:** 10/726,374

**Confirmation No.:** 7140

**Filed:** December 3, 2003

**For:** RELIABILITY  
DETECTION OF CHANNEL QUALITY  
INDICATOR (CQI) AND APPLICATION TO  
OUTER LOOP POWER CONTROL

**Group:** 2684

**Examiner:** Nick Corsaro

Our File: I-2-0444.1US

Date: September 21, 2005

**COMMUNICATION RE STATUS**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

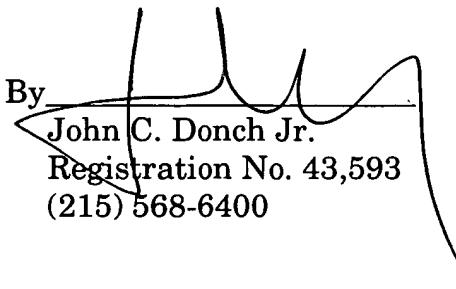
Applicants respectfully request notification of the status of the above-identified application. Over twenty-one (21) months have passed since the application was filed and applicants have not received any substantive action.

Respectfully submitted,

Rudolf et al

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JCD/klw



PTO/SB/21 (09-04)

Approved for use through 07/31/2006.

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## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	10/726,374
Filing Date	December 3, 2003
First Named Inventor	Rudolf et al
Art Unit	7140
Examiner Name	Nick Corsaro
Total Number of Pages in This Submission	Attorney Docket Number I-2-0444.1US

<b>ENCLOSURES (Check all that apply)</b>		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached  <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input checked="" type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	VOLPE AND KOENIG, P.C.		
Signature			
Printed name	John C. Donch Jr.		
Date	9/21/2005	Reg. No.	43,593

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Date	9/21/2005

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